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ABSTRACT

In a context of forecasts of major changes for America's entire health care system, colleges and universities are exploring the implications of new trends in campus health care delivery. On January 30-31, 1975, the Society for College and University Planning sponsored a workshop on "Campus Health Care Services" in Chicago to discuss such issues as the repercussions of strong consumer demands for broader and more accessible health services, the emergence of health maintenance organizations, and concerns for improved campus/community relations. This article taken from that workshop surveys the types of treatment and programs required on campuses. The advantages of integrating the entire health care system into the basic structure of the institution are emphasized. Special mention is made of early detection programs, costs of health treatment, rehabilitation programs, psychiatric help, dental care, health insurance programs, and staffing and financing of health services. (Author/LBH)

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Planning Campus Health Care Services II

In a context of forecasts of major changes for America's entire health care system, colleges and universities are exploring the implications of new trends in campus health care delivery. On January 30-31, 1975, the Society for College and University Planning sponsored a workshop on "Campus Health Care Services" at the Bismarck Hotel in Chicago, to discuss such issues as the repercussions of strong consumer demands for broader and more accessible health services, the emergence of health maintenance organizations, and concerns for improved campus/community relations. The two reports in this issue of **Planning for Higher Education** are taken from that workshop. In this second article, Bruce Douglas, DDS, MA, MPH, professor of public health administration, University of Illinois, Urbana/Champaign, and professor of dentistry and oral surgery, Rush Medical Center, surveys the types of treatment and programs required on campuses. He emphasizes the advantages of integrating the entire health care system into the basic structure of the institution.

I speak on this topic not as an expert on college health care, but as a skeptic of the frequently heard complaint that student health care delivery systems are bad because of a lack of money. By implication, if colleges had more money for health care, the problem would dissolve overnight. I don't believe it! I don't believe it because I have seen virtually no planning in this area, not even in the field of preventive health care, which could fit into many already existing campus programs. And I don't believe it because I have seen virtually no creative thinking about innovations in health care delivery systems for college students; only complaints that "we can't do it because no one will give us the money for such programming" and "we can't raise student fees any higher." When I see some of the things students pay for as parts of those fees, I am appalled that health care is either left out completely, or planned so poorly that little is accomplished short of meeting emergency health care needs.

If I were to conclude this paper before it began, I would point the finger of responsibility for this scandalous situation at the very people who are trained in the field of planning, who come up with ingenious methods to teach students every subject, but who view health care delivery through the glasses of Dr. Arrowsmith. They think that the answer to making students healthier, or even keeping them healthy, is to get a few general practitioners, an internist and a surgeon from the nearby town to devote a day or two a week to seeing students, and then to close their eyes to the results. The doctors, of course, agree with that so-called sytem, so what could be wrong with it? Their agreement is probably the first reason that college planners should look askance! Evaluation of health care systems will be done by doctors who view the system through the myopic lenses of their own experience and education.

Health care delivery on college campuses should not be contrived as a separate entity. The health care delivery system will work only if it is built into overall campus planning, and if it is integrated into the curricular and extra-curricular aspects of campus activity. It will work only if run by students, faculty, and health professionals, if quality control is build in, and if the staff is continually accountable to those who use it.

At all levels of health care activity, a campus health care delivery system should be affected by the interests and input of a combined lay and professional board. If we refer to the campus as a community and its academic environment as a community of scholarly activities, then its health care system should be housed in a community health center, and its program designed and run by representatives of that community. Obviously I do not mean that non-doctors should practice medicine or that any of the purely professional activities should be supervised by non-professionals; but innumerable facets of a health program could and should be influenced by consumer needs and demands.

Prevention and the Medical Profession

The broad, philosophical approach to prevention in health care practice is often better understood by intelligent layment than by doctors themselves. Most

doctors are trained and oriented towards therapeutic or so-called "crisis medicine:" getting people well who are already ill. While that concept is slowly changing, it clearly still prevails among the great majority of doctors. The problem can be minimized if health care planners fit doctors into a part of the health care system, rather than allowing them to be *the* health care system. There is clearly nothing wrong with treating a crisis as a crisis, nor is there anything wrong with treating ill patients for what ails them—as long as there are ways within the same system of keeping them well after recovery and preventing them from getting ill in the first place when possible. In instances where a patient recovers from a crisis but is left in a debilitated physical or emotional state, rehabilitative methods must be built into the system.

With these thoughts in mind, a health care delivery system can be subdivided into categories of **Prevention, Treatment, and Rehabilitation**. Unless all three are planned into the system, and remain operable at all times, it is not a system; it is a "happenstance," which is what medical care is more often than not. Away from the protected environment of the campus in places where controlled conditions cannot be obtained, health care planners are batting their heads against stone walls. On the campus, prevention and rehabilitation services can be made available at the same time that patients acquire crisis care. Yet there, where the consumer of health care are convenient captives, educational planners insist that the main problem is more money: more doctors, nurses, medicines and medical facilities.

Prevention on Campus: An Uneven Record

While serving as a member of the Illinois legislature last year, I conducted a House-ordered survey of all colleges and universities in the state to determine the extent of preventive health care services offered to students. The results indicated a dearth of such services.

Illinois institutions of higher education are seriously neglecting the preventive aspects of their students' health care. Most blamed this on the lack of funds to carry out such programs and asserted that students already overburdened with extra costs could ill-afford an additional fee. In reality, the survey demonstrated great apathy towards the matter. Even the educational aspects of preventive medicine, which require little extra funding, are not being attended to; and this is true especially on community college campuses.

A few colleges said that they were awaiting National Health Insurance to solve their problems; they failed to recognize that N.H.I. is not likely to do any more than the present health care delivery system, only with government paying the bills.

Illinois colleges and universities, with rare exception, are neglecting preventive health programs for their students. The report suggests that the State should put pressure on institutions receiving state support to emphasize the importance of good health among their students. The report further suggests that the matter should be explored by the Illinois State Board of Higher Education and the State Department of Public Health. If colleges and universities, public and private alike, are prepared to accept any amount of public funds, they should be required to include preventive health care in their campus programs.

It is interesting to note that the initial letter requesting information did not define, but simply asked to list, available preventive services. The schools listed a wide variety of programs, some of which were clearly therapeutic rather than preventive, although some indicated a rather broad attitude towards preventive medicine.

Emergency services, screening tests, health education, psychological counseling services, student accident and health insurance plans, immunizations, and referral services were included under the category of prevention. The evident problem was that each service was often isolated from broader programs: few schools had even a semblance of a comprehensive approach to prevention or total health care.

Modern experts in the field of preventive medicine generally regard prevention to include as major categories: health education and motivation, primary or specific prevention, and the early detection of disease. The prepathogenic phase (preventing disease before it occurs) obviously excludes early detection programs; but emphasis in public health circles in recent years on finding of disease in its earliest stages (sometimes referred to as "secondary prevention") has brought that category of activity into prominent consideration.

Reorganizing Health Education

Health education and motivation are included in the programs of most college campuses. The problem, again, is that they are dealt with in an isolated fashion. Nutritional counseling, family planning, venereal disease control, psychological counseling, dangerous drug programs, first aid educational programs, and other such matters are often conducted by different departments, and as extra-curricular expediencies, largely because there is no planning to deal with them as the initial phases of health care programming.

Physical education or hygiene departments run blood donor drives; campus organizations run family planning clinics; off-campus groups formulate screening programs for the early detection of sickle cell anemia or diabetes; the local health department brings a trailer on campus to take chest X-rays; and a few local dentists or dental students set up a program for dental X-rays and examinations. They are mostly one-time, fly-by-night operations. It is clearly the responsibility of college

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planners, supported by faculty and students alike, to ensure the continuity of preventive health care programs and to see that they are integrated into campus life.

Doctors tend to think of specific prevention as the whole of prevention. There is a tendency to brush health education programs aside, and to get right to the task of immunizing students against preventable communicable diseases and to seek out youngsters with streptococcal sore throats for medication to prevent rheumatic fever. That's fine. But, again, it's not enough. Dctors tend to be oriented towards the tangible and "attainable," and impatient with the longer-term health education approach. Having taught public health principles for years to medical and dental students, I know that it is extremely difficult to turn young doctors-to-be on to the subject. Most leave professional school with a somewhat less than enthusiastic attitude towards educating and motivating people to good health habits and practice. Many doctors feel that health education belongs in the classroom, the nursery, or the programs of the local health department. That's one reason why if the overall programs are run and managed by doctors they are rarely organized effectively into campus health delivery systems.

Health education and accompanying programs, the earliest form of prevention, should be included in the same arrangements that bring early detection programs and immunization services to the campus.

Early Detection Programs

Secondary prevention emphasizes the discovery of disease processes at the earliest possible time and early treatment to keep patients in good health or to help them back to good health rapidly. Early detection programs which have had a profound impact on the public health scene include Pap smears for women, dental caries detection in children, diabetes and hypertension screening for adults, tuberculosis testing, breast cancer examinations for women, phenylketonuria (PKU) tests for newborn infants and sickle-cell screening for dark-skinned people.

A variety of developing testing mechanisms, lumped under the general category of multi-phasic screening, has had its ups and downs in public health circles. Some say that the yield is generally too small to justify the inevestment of public funds. But such programs have rarely been tried on college campuses. There is good reason to believe that coordinated, well-planned screening programs might work well with the captive population of the campus. Once again, they should be a part of an overall health program planned through a central administrative agency.

The Costs of Health Treatment

Health care, in the most narrow sense, involves emergency care and therapy for symptoms or underlying disease processes. This area is reasonably well understood. Facilities for such services should be developed in line with available funds and facilities; programs should be compatible with other local resources. College campuses that have large residential units and large full-time enrollments should have major treatment facilities, even if, in such instances, students and their parents have to pay for a significant part of the ongoing costs. Such facilities are extremely expensive to maintain, and I do not subscribe to the idea that their costs should be borne by state, religious, or other outside agencies. Colleges cannot be expected to do more than the society as a whole to deal with the high costs of health care. Traditionally in the United States, individuals (or third parties in their behalf) bear the burden of health care costs. But colleges and universities should provide prevention, early detection, and rehabilitation at minimal cost to the students.

Including Rehabilitation Programs

It is simply no longer tolerable, when dealing with the problems of sick people, not to anticipate the after-effects of the patient's disease process and build a program of rehabilitation into the treatment plan.

People with serious illness don't get well dramatically. They improve gradually, and rarely without distinct psycho-social trials and tribulations. Many people trained in the field of rehabilitation may be found on college campuses in various capacities: speech therapists, physical therapists, occupational therapists, and many nurses may assist in organizing the rehabilitation aspects of health care.

Other Aspects of Campus Health Care

Several additional aspects of campus health care should be mentioned:

- An estimated 5-8% of all students need psychiatric help. A mechanism should be available both for counselling and for referral on the campus. Included in such service should be programs on subjects like weight control and sexual problems.
- A campus health program may have to concern itself with such public health functions as examination of students who work as food handlers and special testing for foreign students. At the University of Illinois, a specific problem arose when students who had travelled abroad returned with intestinal worms and other parasites. Student health services may cooperate closely with local and state health agencies.
- It would be sacrelegious to overlook dental care service as a part of campus health care. College students are notoriously neglectful of health needs in geeral, and dental needs in particular. At this stage, gum problems most frequently begin (especially when students are under stress) and inflammatory o. .mpacted wisdom teeth occur. Virtually all students need some kind of dental care. Preventive services should include examinations and dental prophylaxes, as well as nutritional counseling and health education.
- Many colleges are leaning towards health insurance programs. Such programs should be as broad as possible, including some elements of all areas of

health care that students need most. Dental care should be included—possibly with co-insurance factors built in to make it economically feasible. Out-patient and psychological or psychiatric counselling should also be included. It is costly today to get a college education, and many aspects of health care are also costly; but unhealthy students cannot function well academically. When necessary, students simply must be charged for health insurance and other health services—and colleges and universities must uphold their responsibility for health care programming and planning.

The Staffing and Financing of Health Services

I will conclude by discussing the subject of organization and the problems of financing.

As I have emphasized, a student health service should be run by the college or university as a part of its overall academic and service program. It should not simply be run by a group of doctors or nurses. They are needed to perform specified roles, but those roles should be clarified in personnel-type job descriptions. The campus health program should be integrated into the institution's table of organization with links to other departments and service agencies.

The head officer of a campus health program need not be a doctor. It probably is better, however, that it be a professional person with a doctorate degree, if for no other reason than the prestige on a college campus of the doctoral degree. If the chief officer is a physician, it may well be necessary, because of the peculiarities of the job market, to pay him or her as much as the president of the college or university to attract and keep such a person on the campus; but the money will be well spent for the right person. Likely sources for well-qualified persons are among physicians who have returned to school to acquire their Master of Public Health degrees and dentists or nurses working in public health agencies. Finding the "right kinds of doctors and nurses," scarce as they may be, is extremely important in the organization of such a program. *But most importantly, every such person should have a complete understanding of the areas of prevention, health education, early detection, and rehabilitation, and should be acquainted with all aspects of campus activity in order to function as a member of an institutional team.*

A campus health service should function as a recognizable organization. It may have academic as well as service functions: non-medical people could be jointly appointed to departments and to the health organization. Health programs should have access to other resources of the campus for assistance with programs involving the intimate lives of the students. Most of all, the program should have the unquestioned support of the highest administrative officers of the college and university, and have access to funds as do other departments and programs.

As an alternative, the institution may contract with an off-campus Health Maintenance Organization. Such groups of health professionals operate in a broad, preventive-oriented way, and provide prepaid health care services. However, there are as yet relatively few such HMO's around. Of course, an institution can start an HMO of its own, with the help of a group of health professionals.

The amount of money that campus health care costs depends entirely on its scope. At the University of Illinois at Chicago Circle, it costs the students about $6 a quarter for clinic-type care with minimal side programs; at the Urbana campus the students are charged approximately $34 a quarter, but that includes a campus-based infirmary. In the absence of National Health Insurance (and when that does come, remember, barring some radical and unexpected changes, it will provide *only* a third-party payment mechanism) students and their parents are going to have to pay for a substantial part of this program. Unless colleges and universities are willing to include such costs in their line-item budgets, it is like fighting windmills to go to State legislatures for such money. But if colleges and universities organize their programs into meaningful and integrated units, costs can be controlled to some extent, and students will not have to pay more than they would pay were they not on campus at that point in their lives.

Although people 18-22 years old have certain kinds of health problems, their major health care costs are usually relatively low. Hospitalization, by far the most expensive part of health care, is needed relatively rarely. Most of the treatment problems can be handled on an out-patient basis by general practitioners assisted by well-trained nurses. Check-ups and screening programs can be run by nurses or paraprofessionals, with doctor services available on an on-call basis.

X-ray and laboratory servies can be obtained for select services at nearby hospital facilities or through the cooperation of local or state health departments. An efficient administrative team can work out these details allowing doctors, dentists and optometrists to perform medical and health care services that can be done by no one else.

Keeping Goals and Context in Mind

Those health-oriented programs which are psychosocial in nature, and which will require cooperation from students and faculty, are doomed to failure if they are not planned with a constellation of clearly achievable objectives in sight. That includes blood donor drives, tuberculosis testing and sexual counseling: it includes any attempt to maintain health in the individual or in the student body that is preventive, therapeutic, or rehabilitative.

This presentation has emphasized *planning*. College and university health care will not function unless it fits in the campus environment. It will not happen by itself. It especially will not happen if it is turned over to one or more persons with limited experience in campus health care; and it will not happen without carefully devised cooperative programs that are coordinated with the overall planning of the academic and service programs on campus.

—Bruce L. Douglas